

4253

number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
 County of Gila
 District of Globe
 Town of _____
 or _____
 City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

State Index No. 112-103
 Co. Register No. 236
 Local Registrar's No. _____

FULL NAME OF CHILD _____

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Female Twin, Triplet or other _____ and _____ Number in order of birth 5 Legitimate? Yes Date of Birth Aug 7 1914.
 (Month) (Day) (yr.)

FATHER
 Full Name George Halby
 Residence Globe
 Color or Race White Age at last Birthday 34 (Years)
 Birthplace Batroun, Mount Lebanon, Syria
 Occupation Merchant

MOTHER
 Full Maiden Name Mary Kasser
 Residence Globe
 Color or Race White Age at last Birthday 48 (Years)
 Birthplace Batroun, Lebanon, Syria
 Occupation House wife

Number of child of this mother _____ Number of children, of this mother, now living _____ Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 7 1914, at 7 PM.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Chas M. D.
 (Attending physician, midwife, householder*)

Given or christian name added from a

Address Globe, Ariz.

supplemental report _____ 191__

Filed Aug 10 1914

B. S. Jay
 LOCAL REGISTRAR.

088-907-457
 COUNTY REGISTRAR.

Filed Sept 1 1914

A True Copy
B. S. Jay
 COUNTY REGISTRAR.